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|--|----------|--------|-----------------------|--------|------------------------|--------|---|-------|-------------|-------|--------|-------|--------|
| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06) | | | | | | | Application Number | | Filing Date | | | | |
| | | | | | | | 10577505 | | | | | | |
| | | | | | | | Applicant(s) Martin Kratky | | | | | | |
| | | | | | | | * May be used for additional claims or amendments | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | * | | * | | * | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | 1 | | | | | 51 | | | | | |
| 2 | | 1 | | 1 | | | | 52 | | | | | |
| 3 | | 2 | --- | --- | | | | 53 | | | | | |
| 4 | | (1) | --- | --- | | | | 54 | | | | | |
| 5 | | (1) | --- | --- | | | | 55 | | | | | |
| 6 | 1 | | --- | --- | | | | 56 | | | | | |
| 7 | | 2 | --- | --- | | | | 57 | | | | | |
| 8 | | (1) | --- | --- | | | | 58 | | | | | |
| 9 | | (1) | --- | --- | | | | 59 | | | | | |
| 10 | | (1) | --- | --- | | | | 60 | | | | | |
| 11 | | (1) | --- | --- | | | | 61 | | | | | |
| 12 | | | | 1 | | | | 62 | | | | | |
| 13 | | | | 1 | | | | 63 | | | | | |
| 14 | | | | 1 | | | | 64 | | | | | |
| 15 | | | | 1 | | | | 65 | | | | | |
| 16 | | | | 1 | | | | 66 | | | | | |
| 17 | | | | 1 | | | | 67 | | | | | |
| 18 | | | 1 | | | | | 68 | | | | | |
| 19 | | | | 1 | | | | 69 | | | | | |
| 20 | | | | 1 | | | | 70 | | | | | |
| 21 | | | | 1 | | | | 71 | | | | | |
| 22 | | | | 1 | | | | 72 | | | | | |
| 23 | | | | 1 | | | | 73 | | | | | |
| 24 | | | | 1 | | | | 74 | | | | | |
| 25 | | | | 1 | | | | 75 | | | | | |
| 26 | | | | 1 | | | | 76 | | | | | |
| 27 | | | | 1 | | | | 77 | | | | | |
| 28 | | | | 1 | | | | 78 | | | | | |
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| 48 | | | | | | | | 98 | | | | | |
| 49 | | | | | | | | 99 | | | | | |
| 50 | | | | | | | | 100 | | | | | |
| Total Indep | 2 | | 2 | | 0 | | | | | | | | |
| Total Depend | 11 | | 17 | | 0 | | | | | | | | |
| Total Claims | 13 | | 19 | | 0 | | | | | | | | |